



Charities Program • 801 Capitol Way South • PO Box 40234 • Olympia, WA 98504-0234
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FUNDRAISING SERVICE CONTRACT REGISTRATION FORM (COMMERCIAL COVENTURER)

PURSUANT TO RCW 19.09.097

FEE: \$10.00

| COMMERCIAL COVENTURER | | |
|---|--|---|
| Name: | Telephone: () | |
| Email: | Fax: () | |
| Address: | City, State, ZIP: | |
| The representative of the Commercial Coventurer who will be responsible for the conduct of the fundraising in WA is: | | |
| Name: | Telephone: () | |
| Email: | Fax: () | |
| Address: | City, State, ZIP: | |
| The type(s) of service(s) to be provided by the Commercial Coventurer is/are: <input type="checkbox"/> Managing or conducting solicitation for special event or advertising space <input type="checkbox"/> Managing or conducting direct mail solicitation <input type="checkbox"/> Managing or conducting telephone solicitation <input type="checkbox"/> Other (please describe): | | |
| CHARITABLE ORGANIZATION | | |
| Name: | Telephone: () | |
| Email: | Fax: () | |
| Address: | City, State, ZIP: | |
| CONTRACT/AGREEMENT | | |
| Contract Begin Date (mm/dd/yy): | Contract End Date (mm/dd/yy): | Date Solicitations Will Begin (mm/dd/yy): |
| Does the contract provide for (check all that apply): | | |
| The requirement that both parties comply with the law? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Reasonable access to the Commercial Coventurer's financial records by the Charitable Organization? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Reasonable access by the Charitable Organization to the Commercial Coventurer's operations regarding the solicitation? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| The Charitable Organization's right to review, monitor and approve or disapprove of all solicitation materials used by the Commercial Coventurer? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Responsibility of maintaining records of the contributor (donor) list? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Termination of the contract by either party? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Distribution of fees, costs and revenue in the event the contract is terminated or the agreed upon responsibilities are not fulfilled? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| How to identify and handle contributions received by the Charitable Organization not the result of services provided? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | |
|---|------------------------------|-----------------------------|
| Identification of the types and maximum amount of costs that will be paid by the Charitable Organization, regardless of whether paid directly or deducted from proceeds? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Written permission to use the person's or organization's name? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the contract guarantee the Charitable Organization will receive the following (check all that apply): | | |
| A certain amount? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If a certain amount, is the gross amount to be raised limited? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A percentage of gross receipts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A percentage of the net receipts after deducting itemized costs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, does the contract identify what costs will be deducted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, does the contract specify a maximum amount for each cost? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Other (please describe): | | |
| If service to be provided includes solicitations for purchase of tickets to an event, and such solicitation includes an offer to donate unused tickets to any other persons or groups, complete the following: | | |
| Are the persons or groups identified by name in the contract? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will the persons or groups be identified by name in the conduct of the solicitation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the contract specify the responsibilities for distributing unused tickets to named persons or groups? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ATTACHMENT (Required) | | |
| Attach a copy of the signed, written contract/agreement between the Charitable Organization and Commercial Coventurer. | | |
| SIGNATURE (Required) | | |
| <i>By signing below, both signers certify that the information provided is true, complete and accurate to the best of their knowledge.</i> | | |
| _____ Signature of Owner/Principal of Commercial Coventurer | _____ Printed Name | _____ Title |
| _____ Signature of Officer of Charitable Organization | _____ Printed Name | _____ Title |
| | | _____ Date |